## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	7
101	504855
10/	0/000
APPLICANT/	9

FILI**O 4** APR 2007

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6		1/2				<u> </u>
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9	ļ		<u> </u>	/		<u> </u>
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